MARYLAND STATE DEPARTMENT OF HEALTH

08848

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sabillasville — LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Thomas Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick, Md.
STREET ADDRESS (If rural, give location) 336 East 3rd St. ✓

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Margaret (Last) Albaugh
4. DATE OF DEATH (Month) Aug. (Day) 13 (Year) 1952

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH June 4 1866
9. AGE last birthday 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John T. Moore
14. MOTHER'S MAIDEN NAME Mary Wisong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Howard M. Albaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic myocardial heart disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute coronary occlusion

4/20/1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Family Dr. out of town

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Aug 16 1952 — NAME OF CEMETERY OR CREMATORY Mt. Olivet — LOCATION (City, town, or county) Frederick — (State) Md

DATE REC'D BY LOCAL REG. August 14, 1952 — REGISTRAR'S SIGNATURE John H. Bart

24. FUNERAL DIRECTOR Henry E. Early Co. — ADDRESS Frederick Md.

9 2 8

RECEIVED
AUG 18 1902
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08849

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) one week
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Berkeley
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Johnsontown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Wilson (Last) Ashton
4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 4, 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): merchant
10b. KIND OF BUSINESS OR INDUSTRY: store
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Sylvester Ashton
14. MOTHER'S MAIDEN NAME: Ruth Brannon
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: J.L. Ashton, Martinsburg, W. Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 350X

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 days
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Parkinson's Disease	8 yrs
DUE TO		
	(c) Arteriosclerosis, Generalized	8 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12th, 1952, to Aug 17th, 1952, that I last saw the deceased alive on Aug 17th, 1952, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE Philip J. Nicholson (DEGREE OR TITLE) MD ADDRESS Hagerstown Md DATE SIGNED 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF Aug. 19, 1952
NAME OF CEMETERY OR CREMATORY Rose Dale Cemetery
LOCATION (City, town, or county) Martinsburg. W. Va. (State)
DATE REC'D BY LOCAL REG. Aug. 18. 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 018850

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1B 8-31

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE West Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keyser
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Franklin (Last) Baker

4. DATE OF DEATH: (Month) Aug. (Day) 13 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower	10-8-1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cabinet Maker	F. L. Glaize, Va.	Mt. Jackson, Virginia	U.S.A.

13. FATHER'S NAME: Milton Baker

14. MOTHER'S MAIDEN NAME: Anna Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 228-16-5447

17. INFORMANT & ADDRESS: Milton Baker, Jr. Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422,2

Immediate cause (a) Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 8-13, 1952 to 8-13, 1952, that I last saw the deceased alive on 8-13, 1952 and that death occurred at 3:45 p.m., from the causes and on the date stated above.

SIGNATURE K. A. Bell (DEGREE OR TITLE) M.D. ADDRESS Hagerstown Md. DATE SIGNED 8-13-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	8-16-1952	Queens Point Cemetery	Keyser, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 14 1952	Chas. H. Bowers	Markwood Fun. Home, Keyser, W. Va.

RECEIVED
AUG 18 1952
BUREAU V. S.

08851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 1160 LONGWOOD Str.

3. NAME OF DECEASED (Type or Print) (First) ALICE (Middle) Amelia (Last) Bangs
4. DATE OF DEATH (Month) AUG (Day) 9 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 5.8.63
9. AGE last birthday 89 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TELEPHONE OPERATOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) BALTIMORE
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHRISTOPHER SHIPLEY
14. MOTHER'S MAIDEN NAME MARY TRUMBO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) HEART FAILURE	2 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) PARTIAL CORONARY OCCLUSION (-TROMBOSIS)	2 days
	(c) HYPOSTATIC PNEUMONIA	2 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SCLEROSIS GENERAL AND CEREBRAL. 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1952, to Aug/9, 1952, that I last saw the deceased alive on Aug. 9, 1952, and that death occurred at 10:25 A.m., from the causes and on the date stated above.

SIGNATURE V. Juerman (Degree or title) M.D. ADDRESS Ritchie State Hospital, Cascade DATE SIGNED 8/9/52

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 8/12/52
NAME OF CEMETERY OR ~~CREMATORY~~ London Park
LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. 8/11/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St. ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08852

CERTIFICATE OF DEATH

Dr Ralph Young Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 12 Yrs	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 36 Coffman Ave	STREET ADDRESS (If rural give location) 36 Coffman Ave

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) HOWARD (Last) BARNHART

4. DATE OF DEATH: (Month) Aug (Day) 23 (Year) 1952 19

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Oct 6 1872	79 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Maintenance Federal	Silk Mill	Middleburg Pa.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Barnhart	Elizabeth Lowman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	----------	220-16-2301	Mrs Charles Hays 36 Coffman Ave 1579R.

18. MEDICAL CERTIFICATION Hagerstown Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Generalized arterio-sclerosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocardial heart failure

DUE TO

(c) grade II

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Family physician out of town

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 11:45 P., from the causes and on the date stated above.

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 8/29/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-26-52	WASH. CO., MD. Rose Hill cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 29, 1952	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1952
BUREAU V.

53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) one day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) San Mar.
STREET ADDRESS (If rural give location) Fahrney Memorial Home

3. NAME OF DECEASED: (Type or Print) (First) Sudie (Middle) C. (Last) Barnhart

4. DATE OF DEATH: (Month) August (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: July-1-1882
9. AGE last birthday: 70-1-5 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Broadfording Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rev. A. B. Barnhart
14. MOTHER'S MAIDEN NAME: Hannah Kuhnes

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Ruth Wertz Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Aplastic anemia
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 18 mon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1952, to Aug 6, 1952, that I last saw the deceased alive on Aug 6, 1952, and that death occurred at 12.30 P.M., from the causes and on the date stated above.
SIGNATURE G. W. LeVan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED Aug. 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 9. 1952
NAME OF CEMETERY OR CREMATORY Broadfording Cemetery
LOCATION (City, town, or county) (State) Wash. Co. Md.
DATE REC'D BY LOCAL REGISTRAR Aug 9. 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

Dr. LeVan

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 T

RECEIVED
AUG 12 1952
BUREAU V. S.

DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF ~~STILLBIRTH~~

Reg. Dist. No.

A certificate must be filed within 24 hours for every stillbirth of 20 weeks' gestation or more (see stub)

1. PLACE OF BIRTH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street address, hospital, or institution: Washington County Hospital

Length of mother's stay in County 20 yrs.
(How many years, or months, or days. SPECIFY WHICH)

2. USUAL RESIDENCE OF MOTHER:

State Maryland

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 149 So Mulberry St
(If RURAL give LOCATION)

3. Name of child Baby Girl Baumgarten

4. Date of birth 8/5 1952 Hour 11:05 AM.

5. Sex Female | 6. Twin or triplet

7. No. of weeks pregnancy 21

FATHER OF CHILD

8. Full name James H Baumgarten.

9. Color W. 10. Age at time of this birth 28 yrs.

11. Usual occupation Guard Md State Reformatory

MOTHER OF CHILD

12. Full maiden name Betty Louise Thomas

13. Color W 14. Age at time of this birth 23 yrs.

15. Usual occupation Housewife

16. Other children born to mother (not including present child): (a) How many children of this mother are now living? (b) How many other children were born alive but are now dead? (c) How many other children were *born* dead?

17. Did child die before labor? No. During labor? No

18. Pregnancy, complications of None

19. Labor: (a) Complications of None (b) Induced? No.

20. (a) Was there an operation for delivery? No. (Yes or No)

(b) State all operations, if any —

(c) Did child die before operation? —

During operation? —

21. Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof.

(a) Fetal causes Not compatible c life

(b) Maternal causes

776X

22. I certify to the birth of this child who was born dead* on the date and hour above stated.

Signature [signature]
(Specify if M. D., midwife, or other)

Address Hagerstown Md

23. (a) Burial (Burial, cremation or removal) (b) Date thereof 8-7-52 (month) (day) (year)

(c) Cemetery or crematory Rose Hill Cemetery

24. (a) Funeral director Andrew K. Coffman

(b) Address Hagerstown Md.

25. (a) Aug 7 1952 (Date rec'd by registrar) (b) [signature] (Registrar)

26. (To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

Health Officer, per

* See Instruction C on stub.

V. S. A10

Chill first 2 hrs

208223021V

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

55

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Donald (Middle) E. (Last) Bond
4. DATE OF DEATH (Month) August (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Bowden 1-1900
9. AGE last birthday 51-9-18 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman - Hoffman
10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Sales Co.
11. BIRTHPLACE (State or foreign country) Hagerstown Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William N. Bond
14. MOTHER'S MAIDEN NAME Helen Delaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-09-3489
17. INFORMANT AND ADDRESS Mrs Thelma

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation by drowning

850.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 19, 1952 9 p. m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell out of motor boat into river

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ✓, Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide , homicide , undetermined*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8.22.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 23. 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md (State)

DATE REC'D BY LOCAL REG. Aug 23-1952
REGISTRAR'S SIGNATURE E. Mc Elroy
24. FUNERAL DIRECTOR Wm F. Bast & Sons Boonsboro Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A101

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15 8-51

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 48 Westside Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 48 Westside Ave.,

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Baker (Last) Bostetter

4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Dec. 19, 1865

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Washington C. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Van Buren Bostetter

14. MOTHER'S MAIDEN NAME: Barbara Ann Sprecker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Martin V. Bostetter 520 Salem Ave., City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

783.1 Immediate cause — Uremia Hemorrhage (Pulmonary) — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Cause not determined — DUE TO — (c)

INTERVAL BETWEEN ONSET AND DEATH: 5 mins

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 2, 1952, to Aug. 3, 1952, that I last saw the deceased alive on Aug. 2, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE A. W. Dietz (DEGREE OR TITLE) MD ADDRESS Hagerstown, Md. DATE SIGNED 8-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8-5-52 — NAME OF CEMETERY OR CREMATORY Broadfording — LOCATION (City, town, or county) Hagerstown (Rural) (State) Md.

DATE REC'D BY LOCAL REG. Aug. 4 1952 — REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR Fred W. Kraiss — ADDRESS Hagerstown, Md.

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18857

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Wells

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 12 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 511 Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 511 Frederick Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FRED (Last) BUFF

4. DATE OF DEATH: (Month) Aug. (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 16 1892

9. AGE last birthday: 60 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Victor Hosiery Co.

11. BIRTHPLACE (State or foreign country): Hickory Catawba Co. No Car.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Buff

14. MOTHER'S MAIDEN NAME: Roxanne Knipe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.: 237-09-8077

17. INFORMANT AND ADDRESS: John K. Buff Summerton So. Car.

ASN 1 861 819

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c) Coronary thrombosis

4/20.1

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) E. Robert Wells, M.D., DEPUTY MEDICAL EXAM. WASH. CO., MD.

ADDRESS 715 N. Potomac Hagerstown, Md.

DATE SIGNED 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF —

NAME OF CEMETERY OR CREMATORY: Antietam Natl Cemetery

LOCATION (City, town, or county) (State): Sharpsburg Md Co Md

DATE REC'D BY LOCAL REG. 8.29.1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS Hagerstown Md

VS. A15A

RECEIVED
AUG 28
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Homewood Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Walkersville
STREET ADDRESS (If rural, give location) No St. Address

3. NAME OF DECEASED: (Type or Print) (First) Fannie (Middle) Fern (Last) Cramer

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 26, 1857

9. AGE last birthday: 95 yrs. IF UNDER 1 YEAR Months 0 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Libertytown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S. A.

13. FATHER'S NAME: Samuel Collins

14. MOTHER'S MAIDEN NAME: Lydia A. Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: B. C. Downey, Washington D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Cardiac Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Senility

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2, 1952, to 8-5, 1952, that I last saw the deceased alive on 7/2/52, 19....., and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE S. W. Ditto Jr. (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 8/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8-8-1952

NAME OF CEMETERY OR CREMATORY Glade Valley Cemetery

LOCATION (City, town, or county) (State) Walkersville, Maryland

DATE REC'D BY LOCAL REG. Aug. 8. 1952

REGISTRAR'S SIGNATURE E. Lee McElroy

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

COPY SENT TO LOCAL REGISTRAR No.— DATE

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MAR 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Boonsboro, Md.
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: San-Mar Home, Boonsboro, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural, give location): 244 East Third Street ✓

3. NAME OF DECEASED (Type or Print): Lillie (First) May (Middle) Crone (Last)

4. DATE OF DEATH: August (Month) 6 (Day) 1952 (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 30, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel C. Crone

14. MOTHER'S MAIDEN NAME: Cleantha E. Grove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Samuel D. Crone — 2 East 15th Street Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized arteriosclerosis — Interval between onset and death: 5 yrs.

460.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Decompensation of heart — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN): (COUNTY): (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 10, 1952, to Aug 6, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE: D.W. Lilley (Degree or title) M.D. ADDRESS: Boonsboro — DATE SIGNED: 8/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Aug. 8, 1952

NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery

LOCATION (City, town, or county) (State): Middletown, Maryland

DATE REC'D BY LOCAL REG.: August 8 1952

REGISTRAR'S SIGNATURE: John H. Bast

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIB 7-51

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway Hagerstown Md. — LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Hoessner Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halfway Hagerstown Md.
STREET ADDRESS (If rural, give location) 19 Hoessner Ave.

3. NAME OF DECEASED: (Type or Print) (First) Lucy (Middle) Small (Last) Davis.

4. DATE OF DEATH: (Month) (Day) (Year) Aug. 24 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Jan. 26 1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months 6 Days — IF UNDER 24 HRS.: Hours Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Near Grimes Station Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. J. Elsworth Davis

14. MOTHER'S MAIDEN NAME: Sarah Small

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Rebecca DeLauder 19 Hoessner Ave. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.2 Immediate cause	(a) Myocardial Infarction	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO Pyelonephritis, bilateral	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19....., to Aug. 24, 1952, that I last saw the deceased alive on Aug. 23, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. — ADDRESS Williamsport Md. — DATE SIGNED 8-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF** Aug. 27-52 — **NAME OF CEMETERY OR CREMATORY** Mt. View Cemetery — **LOCATION** (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REG. Aug. 26 1952 — **REGISTRAR'S SIGNATURE** [signature] — **24. FUNERAL DIRECTOR** Edith V. Leaf — **ADDRESS** Williamsport Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; MARYLAND; LENGTH OF STAY (in this place): 3 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural, give location): 217 E. Lee St.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) ARTHUR (Last) DAVIS

4. DATE OF DEATH: (Month) August (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 1, 1895

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physically Handicapped

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles W. Davis

14. MOTHER'S MAIDEN NAME: Carrie Norris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Carl T. Davis Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cachexia — Interval Between Onset and Death: 2 wks.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of oesophagus — indefinite

(c)

15 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma to ribs, lungs and ilia

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11, 1952, to 8-23, 1952, that I last saw the deceased alive on 8-23, 1952, and that death occurred at 2:25 P m., from the causes and on the date stated above.

SIGNATURE: Robert T. Weadle (Degree or title) MD ADDRESS: Hagerstown Md DATE SIGNED: 8-23-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 8/26/52

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. 8-26-1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown, Md.

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[illegible] U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 494 North Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 27 Prospect Square ✓

3. NAME OF DECEASED: (Type or Print) (First) Bettie (Middle) Routson (Last) Dyche
4. DATE OF DEATH: (Month) Aug. (Day) 12 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 7-29-1867
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months 0 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. School Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cumberland, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Kephart
14. MOTHER'S MAIDEN NAME: Maria Woodward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Mrs. Kitty McSherry, Hagerstown, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1
Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 6 Mos.
DUE TO
Antecedent cause(s) (b) General Arterio Sclerosis — 5 Yrs.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) None
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952 to Aug 12, 1952, that I last saw the deceased alive on Aug 12, 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
J. H. Bradley M. D. Hagerstown, M. Aug 12/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 8-12-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Aug. 12, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR C. M. S uter & Sons, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-15 8-51

RECEIVED
AUG 14 19?
BUREAU N. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 401 East 22nd Street

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) Teall (Last) Finnegan

4. DATE OF DEATH: (Month) Aug. (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-22-1900

9. AGE last birthday: 51 yrs. — If under 1 year: Months — Days 23 — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mitchellsville, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ---------- Beall

14. MOTHER'S MAIDEN NAME: NOT KNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: Mrs. Mary J. Linn, Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Vascular Hypertension	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute cerebral Hemorrhage	15 hrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE: S. Robert Wells M.D. (Degree or title) Deputy Med. Wash. Co. Md. ADDRESS Hagerstown Md. DATE SIGNED 8.15.52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 8-15-1952 — NAME OF CEMETERY OR CREMATORY: Ruck Fun. Home — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Aug. 15, 1952 — REGISTRAR'S SIGNATURE: Kenneth Howard

24. FUNERAL DIRECTOR: C. L. Cuter & Sons — ADDRESS: Hagerstown, Maryland

VS. A-5A

Items 8,9 FilmG146 9/2/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Cumberland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Shippensburg
STREET ADDRESS (If rural, give location) 303 E. Garfield St

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Henry (Last) Fridinger

4. DATE OF DEATH (Month) Aug. (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 30, 1892
9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroader
10b. KIND OF BUSINESS OR INDUSTRY Letterkenny Depot
11. BIRTHPLACE (State or foreign country) Shippensburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Fridinger
14. MOTHER'S MAIDEN NAME Emma J. Jacoby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Mrs. John Fridinger

18. MEDICAL CERTIFICATION 303 E. Garfield St

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arterio-sclerotic Heart disease

420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) acute coronary occlusion

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Degree or title) Deputy Med. Exam. Wash. Co. Maryland ADDRESS Hagerstown Md. DATE SIGNED 8.16.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8-20-1952
NAME OF CEMETERY OR CREMATORY Spring Hill Cemetery
LOCATION (City, town, or county) (State) Shippensburg, Pa.

DATE REC'D BY LOCAL REG. Aug. 16, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Smithsburg
STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Conrad (Last) Frush
4. DATE OF DEATH (Month) Aug. (Day) 1 (Year) 52 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Apr. 6, 1879
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Benjamina Frush
14. MOTHER'S MAIDEN NAME Virginia Conrad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 705-10-6650
17. INFORMANT AND ADDRESS Mrs. Maxine Owens Cavetown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421. Immediate cause (a) Acute coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria sclerotic myocardial heart disease (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined*

SIGNATURE (Degree or title) C. Robert Mills M.D. DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Aug. 4, 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Aug. 3, 1952
REGISTRAR'S SIGNATURE Geo. W. Ferguson
24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. Md. ADDRESS

Aug 5-52 Smithsburg

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (57

CERTIFICATE OF DEATH

Dr Wells

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 30 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 939 Laryland Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Laryland
COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 939 Laryland Ave

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) LUTHER (Last) FRUSH

4. DATE OF DEATH: (Month) Aug (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feby 21 1873

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Clear Springs Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Frush

14. MOTHER'S MAIDEN NAME: Artha Linda Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Mary Sellers Frush 939 Laryland Ave City

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic myocardial heart Disease — Interval Between Onset And Death

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Myocardial heart failure grade IV

DUE TO (c)

422.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Family Physicians or Doctor out of Town

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ., 19 , to ., 19 , that I last saw the deceased alive on ., 19.. , and that death occurred at E.D.T. 12:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or Title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS DATE SIGNED

D. Robert Wells M.D. 8.20.52

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial DATE THEREOF 8/21/52 NAME OF CEMETERY OR CREMATORY St Pauls Cemetery LOCATION (City, town, or county) near Clear Springs (State) Md

DATE REC'D BY LOCAL REGISTRAR Aug 22 1952 REGISTRAR'S SIGNATURE C Frost Powers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Bell

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 814 Dale Street

3. NAME OF DECEASED: (Type or Print) (First) Eli (Middle) Burkett (Last) Gerhart

4. DATE OF DEATH: (Month) August (Day) 28 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Sept, 5, 1878

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mantence

10b. KIND OF BUSINESS OR INDUSTRY: Md. Ribbon Co.

11. BIRTHPLACE (State or foreign country): Big Pool, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob A. Gerhart

14. MOTHER'S MAIDEN NAME: Rachael Ann Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 217-09-9525A

17. INFORMANT & ADDRESS: Mrs Helen Gerhart 814 Dale Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 5 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension and arteriosclerosis

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 27, 19 51, to Aug. 28, 1952, that I last saw the deceased alive on Aug. 28, 1952 and that death occurred at 9:55 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 8/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Aug. 29/1952 NAME OF CEMETERY OR CREMATORY St Pauls Cemetery LOCATION (City, town, or county) (State) Near Wilson Md

DATE RECD BY LOCAL REGISTRAR Aug. 29. 1952 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 2 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 630 Highland Way

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 630 Highland Way

3. NAME OF DECEASED: (First) Winter (Middle) (Last) Gigous

4. DATE OF DEATH: (Month) 8 (Day) 6 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Oct. 22, 1872

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired

10b. KIND OF BUSINESS OR INDUSTRY: carpenter

11. BIRTHPLACE (State or foreign country): Boonsboro, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 131-01-1700

17. INFORMANT & ADDRESS: Robert Gigous Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arm Duchennis disease — 5-10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 9, 1949, to Aug 6, 1952, that I last saw the deceased alive on Aug 3, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Robert J. Keadle MD Hagerstown 8-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 8-9-52 — NAME OF CEMETERY OR CREMATORY: St. Pauls — LOCATION (City, town, or county) (State): Hagerstown (Rural) Md.

DATE REC'D BY LOCAL REG. Aug. 7, 1952 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3022

1. PLACE OF DEATH — COUNTY: WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON CO. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: PENNA. — COUNTY: FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MERCERSBURG, PA.
STREET ADDRESS (If rural, give location): N. MAIN ST.

3. NAME OF DECEASED (Type or Print): (First) HAROLD (Middle) B. (Last) GLASER
4. DATE OF DEATH: (Month) AUG. (Day) 22, (Year) 1952
5. SEX: MALE — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Oct. 22, 1906 — 9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator Gas Station — 10b. KIND OF BUSINESS OR INDUSTRY: Own Business
11. BIRTHPLACE (State or foreign country): Rock Island, Ill. — 12. CITIZEN OF WHAT COUNTRY: USA
13. FATHER'S NAME: CHARLES B. GLASER — 14. MOTHER'S MAIDEN NAME: LAURA BRINDLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW II
16. SOCIAL SECURITY No.: 183-[illegible]-2348
17. INFORMANT AND ADDRESS: Ralph E. Glaser, Mercersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443X Immediate cause (a) Dissecting aneurism of aorta — 21 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/21, 1952, to 8/22, 1952, that I last saw the deceased alive on 8/22, 1952, and that death occurred at 12.10 p.m., from the causes and on the date stated above.

SIGNATURE: John H. Hornbaker M.D. — (Degree or title) — ADDRESS: 144 W. Washington St. Hagerstown, Md. — DATE SIGNED: 8/22/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE: 8/25/52 — NAME OF CEMETERY OR CREMATORY: SPRING GROVE — LOCATION (City, town, or county) (State): GEMASTERS, PA. FRANKLIN CO.

DATE REC'D BY LOCAL REG.: Aug. 23. 1952 — REGISTRAR'S SIGNATURE: [illegible] — 24. FUNERAL DIRECTOR: F. M. Leininger — ADDRESS: Mercersburg, Pa.

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
AUG 26 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) 2 yrs. & 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) F [illegible] (Middle) (Last) [illegible]

4. DATE OF DEATH (Month) (Day) (Year) 19[illegible]

5. SEX F

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH [illegible] 1877

9. AGE last birthday [illegible] yrs. If under 1 year: Months | Days. If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME Jane Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service)

16. SOCIAL SECURITY No. [illegible]

17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible]	[illegible]
332X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) [illegible]	[illegible]
	(c) [illegible]	[illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible] 7, 1952, to Aug. 18, 1952, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Aug. 20. 1952

NAME OF CEMETERY OR CREMATORY St. Luke's Episcopal Cemetery

LOCATION (City, town, or county) (State) Brownsville Wash. Co. Md.

DATE REC'D BY LOCAL REG. Aug. 17. 1952

REGISTRAR'S SIGNATURE [illegible] Bart

24. FUNERAL DIRECTOR Wm. F. Bart & Sons Boonsboro Md.

ADDRESS

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Dr. Wells

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 14 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Cty. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 54 East Antietam

3. NAME OF DECEASED: (Type or Print) (First) Lillian (Middle) Edith (Last) Gross

4. DATE OF DEATH: (Month) Aug. (Day) 2 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Sept. 28, 1884

9. AGE last birthday: 67 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Luray, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Young

14. MOTHER'S MAIDEN NAME: Mary Campbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. Louise Bowers, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443X Hypertensive cardio vascular disease — Interval Between Onset And Death: 17 Yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) cerebral embolus — 2 "
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cystic thyroid auricular fibrillation

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from , 19 , to Aug. 2, 1952, that I last saw the deceased alive on Aug. 1, 1952, and that death occurred at 6:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): S. Robert Wells M.D. — ADDRESS: 115 N. Potomac, Hagerstown, Md. — DATE SIGNED: 8/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-5-1952 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Aug. 4. 1952 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md. — ADDRESS

RECEIVED
AUG 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 73

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 135 No Jonathan St.

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Carl (Last) Hanlin

4. DATE OF DEATH: (Month) August (Day) 19, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Aug 19 1895
9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Air Craft
11. BIRTHPLACE (State or foreign country): Petersburg W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hanlin
14. MOTHER'S MAIDEN NAME: Ida Lambert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. #1
16. SOCIAL SECURITY No.: 198-10-8732
17. INFORMANT & ADDRESS: Mrs Hulda Hanlin 1725 19th St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease — Interval Between Onset And Death: 2 hrs

420.0

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclerotic Heart Disease — 4 yrs

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-1, 1952, to Aug 19, 1952, that I last saw the deceased alive on Aug 18, 1952, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. W. Dilling — ADDRESS Hagerstown Md — DATE SIGNED 7/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-22-1952
NAME OF CEMETERY OR CREMATORY Antietam Nat'l. Cemetery
LOCATION (City, town, or county) (State) Sharpsburg, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 21, 1952
REGISTRAR'S SIGNATURE Hess H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 25 1952
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1874. Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Williamsport
LENGTH OF STAY (in this place) 4 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Wood, Church Home

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 863 Mulberry Ave.

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) Virginia (Last) Harbaugh
4. DATE OF DEATH: (Month) (Day) (Year) August 28 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Sept. 25, 1870
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lantz Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George M. Harbaugh
14. MOTHER'S MAIDEN NAME: Savilla Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Omer L. Harbaugh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia — Interval Between Onset And Death: 4 days

422.2

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chr. Myocarditis — 5 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-20, 1952, to 8-28, 1952, that I last saw the deceased alive on 8-28, 1952, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. S. W. Ditto — ADDRESS Hagerstown Md — DATE SIGNED 8-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug. 31/1952
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md
DATE REC'D BY LOCAL REGISTRAR Aug. 29 1952
REGISTRAR'S SIGNATURE E. Lee McElroy
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-1

COPY SENT TO LOCAL REGISTRAR No. ____ DATE ____

RECEIVED
SEP 8 1952
BUREAU V. S.

75

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Wilson

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 34 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 223 So. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) HOWARD (Middle) CABELL (Last) HINKINS

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jany 27 1893
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Barber
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berryville Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Hinkins
14. MOTHER'S MAIDEN NAME: Susan Mowery

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO.: 214-09-1026
17. INFORMANT & ADDRESS: Mrs Alma R. Hinkins 618 19th St. N.W. Washington D.C.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Lobar Pneumonia, Left Lower — 4 days

DUE TO

(c) Cardiac Insufficiency — Hypertension — Years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1952, to 2 Aug 1952, that I last saw the deceased alive on 2 Aug 1952 and that death occurred at 11:12 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) J. D. Wilson, M.D. ADDRESS Hagerstown Md DATE SIGNED 8/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-4-52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 4. 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 6 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown

LENGTH OF STAY (in this place): 1 week

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huyetts

STREET ADDRESS (If rural, give location): Hagerstown R. F. D. #2

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Glenn	Delmar	Hoffman	Aug.	8	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	1-11-1916	36 yrs.	6	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Coordinator	Fairchild Aircraft	Beaver Creek, Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles E. Hoffman	Nancy Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	Navy-W.W. 2	214-09-1109	Mrs. Glenn D. Hoffman, Huyetts, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

490 X

Immediate cause (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) OF INJURY	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3., 1952., to Aug 8., 1952., that I last saw the deceased alive on Aug 7., 1952 and that death occurred at 7.10 p.m., from the causes and on the date stated above.

SIGNATURE David R Brewer (DEGREE OR TITLE) M.D. ADDRESS Clear Spring Md. DATE SIGNED 8/9/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-11-1952	Rest Haven Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Aug 11 1952 — REGISTRAR'S SIGNATURE Elbert Bowers

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

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AUG 13 1952
BUREAU V. S.

77

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Muriganville, Md — LENGTH OF STAY (in this place): 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearspring, Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Muriganville Mennonite Home	STREET ADDRESS (If rural, give location): Clearspring, Md.

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) M. (Last) HORST			4. DATE OF DEATH (Month) 8 (Day) 29 (Year) 1952		
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: 6/23/1869	9. AGE last birthday: 83 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House keeper	10b. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Washington Co., Md	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Otho Shank			14. MOTHER'S MAIDEN NAME: Elizabeth Minnebaker		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)		16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Otho Horst Clearspring, Md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
154X Immediate cause	(a) Carcinomatosis	undetermined
Antecedent cause(s)	(b) Carcinoma of the Rectum	3 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	None	

19a. DATE OF OPERATION: None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No X
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 21, 1939, to August 29, 1952, that I last saw the deceased alive on August 13, 1952, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Andie Robert Cohen	MD	Clear Spring, Maryland	August 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 9/1/52	NAME OF CEMETERY OR CREMATORY: Clearspring Mennonite	LOCATION (City, town, or county) (State): Clearspring, Md.
DATE REC'D BY LOCAL REG.: Aug. 31, 1952	REGISTRAR'S SIGNATURE: [illegible]	24. FUNERAL DIRECTOR: [illegible] Minnich	ADDRESS: Greencastle Penna.

132 3th Wash.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]73

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS 423 JEFFERSON ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 339 JEFFERSON ST.

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) BELLE (Last) HOSE

4. DATE OF DEATH: (Month) AUG. (Day) 30 (Year) 19 52

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 8/15/ 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): DOMESTIC

10b. KIND OF BUSINESS OR INDUSTRY: HOMES

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILLIAM A. HOSE

14. MOTHER'S MAIDEN NAME: MARY ELIZABETH BAUGHMAN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-3635

17. INFORMANT & ADDRESS: MRS. RUTH MARTIN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Coronary Thrombosis DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease DUE TO

(c)

Interval Between Onset And Death: 10 minutes indefinite

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-30, 19 52 to , 19 , that I last saw the deceased alive on Never, and that death occurred at 9:00 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Curt F. Leader MD Hagerstown 9-1-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/2/52 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR SEP 1 1952 REGISTRAR'S SIGNATURE Chas F. Bowers

24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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SEP 3 1952
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS North Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 200 East Irvin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Bowlus (Last) Huyett

4. DATE OF DEATH: (Month) Aug (Day) 15 (Year) 1952

5. SEX: male MALE
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 21, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: sand blasting
11. BIRTHPLACE (State or foreign country): Hagerstown, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel A. Huyett
14. MOTHER'S MAIDEN NAME: Hattie Bowlus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-5925
17. INFORMANT & ADDRESS: Mrs. Norma Huyett, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c) Coronary Arteriosclerosis — 1 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1940, 19..., to 8/15/52, 19..., that I last saw the deceased alive on 8/13, 1952 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 19, 1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)
DATE REC'D BY LOCAL REG. Aug. 19, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich. Hag. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 S. Potomac St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 45 S. Potomac St.

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) John (Last) Kidwell

4. DATE OF DEATH (Month) Aug. (Day) 12 (Year) 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Oct. 26, 1903
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Big Spring, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas C. Kidwell
14. MOTHER'S MAIDEN NAME Mollie L. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-18-6692
17. INFORMANT AND ADDRESS Mrs. Paul Benner, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Alcoholism

INTERVAL BETWEEN ONSET AND DEATH 3 d. ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree of title) O. Robert Wells MD
DEPUTY MEDICAL EXAM WASH. CO., MD.
ADDRESS 115 N. Potomac Hagerstown, Md.
DATE SIGNED 8/13/52

23. BURIAL, CREMATION REMOVAL (Specify) burial
DATE THEREOF 8-14-1952
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REG. Aug 14 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Scott F. Minnich & Son, Hagerstown ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

LENGTH OF STAY (in this place) 10 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Penna. COUNTY Franklin

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mercersburg

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	Amsley	Lowans	8	12	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	divorced	Aug. 28, 1897	54 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
hous wife	home	Penna.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Amsley	Katherine Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	none	Clarence W. Louans Mercersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Infarct, pulmonary	2-4 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Myocarditis, arteriosclerotic	indefinite
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-11-52, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 2:15 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Robert F. Leader	MD	Hagerstown	8-12-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-14-52	Fairview Cemetery	Mercersburg Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug 12 1952	Elbert H. Bowers	D. J. Finnigan	Mercersburg, Pa.

VS. A-15—8-51

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AUG 14
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural. Hancock. 2.
LENGTH OF STAY (in this place) Accident.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fourt Louden Peters Township.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) (Last) Mallott Jr.
4. DATE OF DEATH (Month) 8. (Day) 10.52 (Year) 19

5. SEX Male.
6. COLOR OR RACE White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single.
8. DATE OF BIRTH Nov 1. 1934
9. AGE last birthday 18 yrs. If under 1 year Months 9 Days 10. If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor Concruction Worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Franklin County Penna.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME James Mallott Sr.
14. MOTHER'S MAIDEN NAME Gladys Hill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
15. SOCIAL SECURITY NO. 168-26-3363.
17. INFORMANT James Mallott. Fourt Louden Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Fractured Skull	5 min
23.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured left tibia & fibula	
	(c) Hemorrhage & shock	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY US#40 - 3 mi. E. Hancock (CITY OR TOWN) (COUNTY) Wash. (STATE) Md
TIME OF INJURY (Month) 8 (Day) 10 (Year) 52 (Hour) 9:30 A.M. EDT
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Passenger in auto struck tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robin & Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown Md. DATE SIGNED 8.11.52

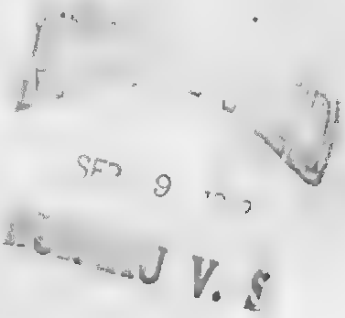
23. BURIAL, CREMATION REMOVAL (Specify) Burial.
DATE THEREOF 8.14.52
NAME OF CEMETERY OR CREMATORY Stinger Hill.
LOCATION (City, town, or county) Fourt Louden. (State) Penn.

DATE REC'D BY LOCAL REG. 8/11/52
REGISTRAR'S SIGNATURE J A Heller
24. FUNERAL DIRECTOR Howard J. Grove ADDRESS Hancock

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural, give location): 638 Washington Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William		Manning	Aug.	12	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widower	10-4-1870	81 yrs.	10	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Ret. Passenger Conductor	W. M. R. R. Co.	Danville, Pa.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Manning	Elizabeth McCormick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
	705-10-5261	Mrs. Elizabeth M. Curlee, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
532 X Immediate cause	(a) Cerebral thrombosis	7 days
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis - generalized	yrs.
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Atypical Pneumonia — 9 days

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Aug. 3, 1952 to Aug. 12, 1952 that I last saw the deceased alive on Aug. 12, 1952 and that death occurred at 8:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Lloyd A. Hoffman, M.D. 214 N. Potomac st. Aug. 13-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-15-1952	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug. 13 1952	Clara H. Bowers	C. M. Suter & Sons, Hagerstown, Maryland

VS. A15 (8-51)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Richard Young

CERTIFICATE OF DEATH

Reg. Dist. No. 30[illegible]

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 305 West Wilson Blvd

3. NAME OF DECEASED: (Type or Print) (First) YVONNE (Middle) CAROL (Last) MILLER

4. DATE OF DEATH: (Month) (Day) (Year) August 18 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: August 11 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John L. Miller
14. MOTHER'S MAIDEN NAME: Lois Cronin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: John L. Miller Sr 305 Wilson Blvd Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Prematurity DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Atelectasis DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11 Aug, 1952, to 18 Aug, 1952, that I last saw the deceased alive on 18 Aug, 1952, and that death occurred at 12 43 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard Young M.D. ADDRESS 318 N. Potomac St. Hagerstown DATE SIGNED 18 Aug 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/19/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cmetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Md

DATE REC'D BY LOCAL REGISTRAR Aug. 19, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md ADDRESS

2082252312

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. 44

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN | LENGTH OF STAY (in this place) 56 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 907 KUHN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 907 KUHN AVE.

3. NAME OF DECEASED (Type or Print): ANNIE (First) ELIZABETH (Middle) MOATS (Last)

4. DATE OF DEATH: (Month) AUGUST (Day) 5 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: 9/15/1877

9. AGE last birthday: 74 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BOWERS

14. MOTHER'S MAIDEN NAME: BELLE DAVIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MR. LUTHER MOATS HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	indef.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not White At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to Aug 5, 1952, that I last saw the deceased alive on May, 1952, and that death occurred at 4.45P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bert F. Keadle MD | ADDRESS Hagerstown Md. | DATE SIGNED 8-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 8/8/52 | NAME OF CEMETERY OR CREMATORY: Mason Church Cem. | LOCATION (City, town, or county) (State): Washington Co. Md.

DATE REC'D BY LOCAL REG. 8.7.1952 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: W. J. Norment | ADDRESS: Hagerstown, Md.

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Ralph Young
Reg. Dist. No.

1. PLACE OF DEATH: Washington
COUNTY — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: Washington
STATE: Maryland — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 124 Ray St.

3. NAME OF DECEASED: (Type or Print) (First) PHYLLIS (Middle) JEAN (Last) MORRIS
4. DATE OF DEATH: (Month) (Day) (Year) Aug 9 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 6 1952
9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days 3 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Ellis C. Morris Jr
14. MOTHER'S MAIDEN NAME: Dolly R. Itnyre
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Dolly Morris Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Prematurity 2'10" — Interval Between Onset And Death: 3 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/6/52 19 ..., to 8/9/52 19 ..., that I last saw the deceased alive on 8/9/52 19 ..., and that death occurred at 6:30 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) J. F. Young M.D. — ADDRESS Williamsport Md — DATE SIGNED 8/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8/9/52
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown Md
DATE REC'D BY LOCAL REGISTRAR: Aug 9 1952
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: Andrew K. Coffman Hagerstown Md — ADDRESS

2082267241

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

RECEIVED
AUG 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Brewer

Reg. Dist. No. 303

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 105 Hollywood Rd.

3. NAME OF DECEASED: (Type or Print) (First) IRENE (Middle) VIRGINIA (Last) NEIKIRK

4. DATE OF DEATH: (Month) (Day) (Year) Aug 30 1952 19

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: June 20 1892
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Williamsport Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Victor Neikirk
14. MOTHER'S MAIDEN NAME: Catherine Neikirk

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -------
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Miss Anna C. Neikirk Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584

Immediate cause (a) Carcinoma of Tall bladder

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Chole lithiasis

~~DUE TO~~ (c) Paralytic Ileus

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Aug. 26, 1952
19b. MAJOR FINDINGS OF OPERATION Chole lithiasis
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 28, 1952 and that death occurred at 8 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David R. Brewer M.D. ADDRESS Clear Spring Md. DATE SIGNED 8/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/1/52
NAME OF CEMETERY OR CREMATORY River View cemetery
LOCATION (City, town, or county) Williamsport Wash. Md (State)
DATE REC'D BY LOCAL REGISTRAR Sept. 1, 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

SEP
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ditto

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 Mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 262 So. Mulberry St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 262 So. Mulberrry St

3. NAME OF DECEASED: (Type or Print) (First) CATHY (Middle) DIANE (Last) NICHOLS

4. DATE OF DEATH: (Month) (Day) (Year) Aug 18 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 1 1952
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William P. Nichols
14. MOTHER'S MAIDEN NAME: Loretta L. Dunahugh

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---------
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: William P. Nichols 262 So. Mulberry St Hagerstown Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonitis
DUE TO
751X Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Meningomyelocele
DUE TO
(c)

Interval Between Onset And Death: 2 wks; 6/1/52 to 8/17/52

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1-52, to 8-17, 1952, that I last saw the deceased alive on 8-17-52, and that death occurred at 4 AM, from the causes and on the date stated above.
SIGNATURE (Degree or title) H. E. W. Ditto ADDRESS Hagerstown Md DATE SIGNED 8/19/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/19/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Wash. Co. Md
DATE REC'D BY LOCAL REGISTRAR Aug. 19 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman Hagerstown Md. ADDRESS

2362171454

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 21 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Half Hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural, give location) 17 N. Vermont Street

3. NAME OF DECEASED: (Type or Print) (First) Adam (Middle) Raymond (Last) Palmer

4. DATE OF DEATH: (Month) Aug. (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 7 1891
9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR Months 9 Days 24 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist Shipping Dept.
10b. KIND OF BUSINESS OR INDUSTRY: Tannery
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Palmer
14. MOTHER'S MAIDEN NAME: Frances Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 215-01-9848
17. INFORMANT & ADDRESS: 17 North Vermont St. Mrs. Eva Palmer Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

Immediate cause (a) Bronchial Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/31/52 to 7/31/52, that I last saw the deceased alive on 7/31/52, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Williamsport Md. DATE SIGNED 8/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug. 3 1952
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) Williamsport Md. (State)

DATE REC'D BY LOCAL REG. Aug. 2, 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-5

RECEIVED
AUG 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 20 Summit Ave

3. NAME OF DECEASED: (Type or Print) (First) Jack (Middle) (Last) Phillips
4. DATE OF DEATH: (Month) Aug. (Day) 2, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Tree Surgeon
11. BIRTHPLACE (State or foreign country): White Post, Clark Co. Va.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 220-10-3020
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 445X

Immediate cause (a) Hyp Ex Tensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: (?) 10-15 year

DUE TO (?) ✓

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 M.
INJURY OCCURRED While at work ☐ Not while at work ☐ 0
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1945, to Aug 2, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Victor D Miller ADDRESS 131 Mt. Washington Hagerstown Md. DATE SIGNED 8/2 1952

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF 8-4-52
NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
LOCATION (City, town, or county) (State) Shepherdstown, W. Va.
DATE REC'D BY LOCAL REG. Aug. 3, 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
AUG 5 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS/A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 1826 Heisterboro Road

3. NAME OF DECEASED: (Type or Print) (First) Wilbur (Middle) Milton (Last) Phillips

4. DATE OF DEATH: (Month) Aug. (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 18, 1897

9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: County School Board

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Preston R. Phillips

14. MOTHER'S MAIDEN NAME: Lucy M. Coulter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Della A. Phillips 1826 Heisterboro Rd. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Disease — INTERVAL BETWEEN ONSET AND DEATH 5½ hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 31, 1952, to Aug. 31, 1952, that I last saw the deceased alive on Aug. 31, 1952, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

H. F. Campbell M.D. Hagerstown Md.

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Sept. 2, 1952

NAME OF CEMETERY OR CREMATORY Rest Haven

LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REG. Sept. 2, 1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Fred V. Kraiss ADDRESS Hagerstown

SEP 4 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 316

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Esta	Mary	Poffenberger	Aug.	20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	4-2-1885	67 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk	Retail Groc. Store	Rohrersville, Md	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Long	Alverta Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	218-30-9781	Merle Poffenberger-Keedysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic carcinoma of skin and femurs — 1 year

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the right breast — 6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none.		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1948, 19..., to 8/20/52 19..., that I last saw the deceased alive on 8/20/52 19... and that death occurred at 5:45P m., from the causes and on the date stated above.

SIGNATURE: Walter H. Shaw (Degree or title) M.D. ADDRESS: Sharpsburg, Md. DATE SIGNED: 8/21/52.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-22-52	Boonsboro	Boonsboro-Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Aug 22 52	[illegible]	R. I. Earnshaw--Keedysville, Md

RECEIVED
AUG
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A15

1 PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND LENGTH OF STAY (in this place) 13 Hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro R#1
STREET ADDRESS (If rural give location) Alternate #40

3. NAME OF DECEASED: (Type or Print) (First) ROY (Middle) LEE (Last) RICKARD
4. DATE OF DEATH: (Month) August (Day) 6, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: August, 6, 1952
9. AGE last birthday: -- yrs. IF UNDER 1 YEAR Months -- Days -- IF UNDER 24 HRS. Hours 13 Min. --
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11 BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Paul Rickard
14. MOTHER'S MAIDEN NAME: Alice Jane Ruck
15 WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Paul Rickard Boonsboro R#1 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ..... DUE TO Premature.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) .. DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 6, 1952, to Aug 6, 1952, that I last saw the deceased alive on Aug 6, 1952, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE W. W. Leban M.D. (Degree or title) ADDRESS Boonsboro DATE SIGNED 8/7/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 8/8/52 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Aug. 7, 1952 REGISTRAR'S SIGNATURE Hunt Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Maryland

2092192362

RECEIVED
AUG 11 1952
BUREAU V. L.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Hagerstown
LENGTH OF STAY (in this place): 1 hr
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural, give location): Hagerstown Rt 5

3. NAME OF DECEASED: (Type or Print) (First) Mildred (Middle) Irene (Last) Ridenour

4. DATE OF DEATH: (Month) 8 (Day) 16 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	1/10/08	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House wife	oun home	Mason-Dixon Pa.	USA

13. FATHER'S NAME: Samuel M Schindle

14. MOTHER'S MAIDEN NAME: Mary E Stockslager

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
-	-	---	Wilbur L. Ridenour Rt 5

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	2 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive Vascular disease	5 yrs.
	(c)	

443X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
no		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 1, 1952, to Aug. 16 1952 that I last saw the deceased alive on Aug. 16, 1952, and that death occurred at 10:15 m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
Paul A. Hoffman	M.D. 214 N. Potomac St. Hagerstown, Md	

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/20/52	Leitersburg Luthern	Leitersburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Aug. 20, 1952	Chas K Bowers	Scott F Minnich for	Hagerstown Md

VS. A15 8-51

RECEIVED
AUG 22 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

95

CERTIFICATE OF DEATH

Dr. Walter Layman
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 551 Highland Way

3. NAME OF DECEASED: (Type or Print) (First) MINNIE (Middle) BELLE (Last) ROBINSON

4. DATE OF DEATH: (Month) AUGUST (Day) 14 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: July 2, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Williamsport Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Christian Mentzer
14. MOTHER'S MAIDEN NAME: Mary Beard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 551 Highland Way Hag. Md Miss Georiga E. Robinson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute cardiac failure
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive arteriosclerotic Heart disease
DUE TO
(c) Fracture femur, intertrochanteric.

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Fall
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Fractured hip (CITY OR TOWN) Hagerstown. (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 8 - 11 - 1952 3:30 p.m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? Fell on floor at home -

22. I hereby certify that I attended the deceased from Aug. 11, 1952, to Aug. 14, 1952, that I last saw the deceased alive on Aug. 13, 1952 and that death occurred at 8:50 A.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) W. Walter Layman
ADDRESS Hagerstown.
DATE SIGNED 8/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-16-1952
NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery
LOCATION (City, town, or county) Smithsburgs (State) Maryland
DATE REC'D BY LOCAL REGISTRAR Aug. 16. 1952
REGISTRAR'S SIGNATURE Chas. H. Bowers.
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 19
BUREAU V. S.

18896

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 39 East Avenue

3. NAME OF DECEASED: (Type or Print) (First) Ross (Middle) William (Last) Rockwell

4. DATE OF DEATH: (Month) 8 (Day) 22 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Feb. 28, 1885

9. AGE last birthday: ~~63~~ 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Penn. R. R.

11. BIRTHPLACE (State or foreign country): Franklin Co., Pa.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Bishop Rockwell

14. MOTHER'S MAIDEN NAME: Amy Belle Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 717-07-9406

17. INFORMANT & ADDRESS: Edgar Zeger- Mercersburg, Pa. R D 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

422.1

Immediate cause (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

Antecedent cause(s) (b) Cardio Vascular Disease — 4 yrs

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-19, 1952, to 8-22, 1952, that I last saw the deceased alive on 8-21, 1952, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE A. W. Ditty (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 8/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Trial

DATE THEREOF 8-26-52

NAME OF CEMETERY OR CREMATORY Fairview

LOCATION (City, town, or county) Mercersburg (State) Pa.

DATE REC'D BY LOCAL REG. Aug. 24 52

REGISTRAR'S SIGNATURE Chas. K. Bowers

24. FUNERAL DIRECTOR Daniel L. Lininger- Mercersburg, Pa. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12 8-51

RECEIVED
AUG 26 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30 4

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 1/2 hr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Route #3
STREET ADDRESS (If rural, give location) Beaver Creek Road

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) Marie (Last) Rowland
4. DATE OF DEATH (Month) Aug. (Day) 24 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 30, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Infant
11. BIRTHPLACE (State or foreign country) Hagerstown Wash Co.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John A. Rowland
14. MOTHER'S MAIDEN NAME Janice Kipner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT John L. Rowland - Hagerstown Route #3

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7.54.4 Immediate cause (a) Congenital idiopathic myocardial hypertrophy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Mells MD (Degree or title) ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8/ /52

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/26/52
NAME OF CEMETERY OR CREMATORY Quincy Cemetery
LOCATION (City, town, or county) Quincy, Franklin Co. (State) Pa.
DATE REC'D BY LOCAL REG. 9.27.195
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

RECEIVED
AUG 29 1952
BUREAU U. S.

18898

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) Hag. Rt. 6

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Elizabeth (Last) Ruth
4. DATE OF DEATH: (Month) Aug. (Day) 29 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8. DATE OF BIRTH: Nov. 25, 1885
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Beaver Creek Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Archabaugh Hollyday
14. MOTHER'S MAIDEN NAME: Clara Martz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----
17. INFORMANT & ADDRESS: Mr. Leroy Ruth Hag. Rt. 6

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 days

260X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardiovascular Arteriosclerosis — 6 years

DUE TO

(c) Diabetes Mellitus — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-46, 19....., to 8-29-52, 19....., that I last saw the deceased alive on 8/29, 1952 and that death occurred at 10.30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
S Earl Young M.D. Hagerstown Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Sept 2, 1952
NAME OF CEMETERY OR CREMATORY Rest Haven
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REG. [illegible]
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1[illegible]

RECEIVED
SEP 4 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr wells

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 160 west Washington St.

3. NAME OF DECEASED (Type or Print): (First) MILLARD (Middle) LEE (Last) SHIPPER

4. DATE OF DEATH: (Month) August (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wed

8. DATE OF BIRTH: June 19 1909

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet Maker

10b. KIND OF BUSINESS OR INDUSTRY: Statton Furn Co.

11. BIRTHPLACE (State or foreign country): Martinsburg W. Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Shipper

14. MOTHER'S MAIDEN NAME: Gertrude Wassen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY No.: 214-16-1155

17. INFORMANT AND ADDRESS: Mrs Goldie Shipper 160 est ashington St Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bilateral lobar Pneumonia	24hrs
	(c) acute barbiturate poisoning	72 hrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: INJURY OCCURRED While at work ☐ Not while at work ☐: HOW DID INJURY OCCUR? Took lethal dose of sleeping tbs.

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Robert L Wells MD, DEPUTY MEDICAL EXAM WASH. CO., MD. ADDRESS: Hagerstown Md DATE SIGNED: 8.5.52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 8-7-52; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Aug. 7. 1952; REGISTRAR'S SIGNATURE: Chas H Towers

24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
AUG 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 24

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hagerstown Race Track

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 342 North Potomac Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur		Simler	Aug.	21	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Single	8-7-1877	75 yrs.	0	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Railroad Engineer	Jones & Laughlin	Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Conrad Simler	Mary Gall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	715-12-3182	W. Edward Heimel, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute coronary occlusion	
420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-sclerotic coronary heart disease	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Died Suddenly at Race Track			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-24-1952	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		C. M. Suter & Sons,	Hagerstown, Maryland

VS. A-15A

RECEIVED
AUG 26 1952
BUREAU V. S.

Item 8 Film G148 10/28/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co Hospital Hagerstown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maplewood
STREET ADDRESS (If rural, give location) Main St.

3. NAME OF DECEASED (Type or Print) (First) Janet (Middle) Kay (Last) Sliter
4. DATE OF DEATH (Month) August (Day) 27 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 8 1948
9. AGE last birthday 4-3-19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Hagerstown Wash. Co. Md
12. CITIZEN OF WHAT COUNTRY? Unk.

13. FATHER'S NAME John L. Sliter
14. MOTHER'S MAIDEN NAME Verle Gross

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS John L. Sliter Maplewood Wash. Co. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.4 Immediate cause (a) Fractured skull (closed). Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Dislocation of first cervical vertebra (Atlas)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street (CITY OR TOWN) Maplewood (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 27 1952 9:20 A.m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? Ran into path of automobile

22. I certify that I took charge of the remains described above, held an Autopsy ✓, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident ✓, suicide ☐, homicide , undetermined ☐

SIGNATURE S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac Hagerstown, Md. DATE SIGNED 8/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Aug. 30 1952 NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery LOCATION (City, town, or county) Boonsboro Wash. Co. (State) Md

DATE REC'D BY LOCAL REG. Aug. 27 1952 REGISTRAR'S SIGNATURE Jesse Bowers
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

RECEIVED
SEP 2 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Lloyd Hoffman
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 240 So. Potomac St

3. NAME OF DECEASED: (Type or Print) (First) RACHAEL (Middle) M (Last) SMITH
4. DATE OF DEATH: (Month) August (Day) 5 (Year) 1952 19

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 8 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): St. Marys Ontario Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin L. Smith
14. MOTHER'S MAIDEN NAME: Emma Parkinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Mrs Barrett H. Clark Briarclif Manor New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
120.0 Immediate cause	(a) Cerebral embolus	6 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Auricullar fibrillation	yrs.
	DUE TO (c) Arteriosclerotic Heart Disease	yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 22, 1952, to Aug. 5, 1952, that I last saw the deceased alive on Aug 5, 1952, and that death occurred at 12:19 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Lloyd A. Hoffman
ADDRESS 214 N. Potomac St. Hagerstown, Md.
DATE SIGNED 8/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/7/52
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 7. 1952
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman
ADDRESS Hagerstown Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A

RECEIVED
AUG 11 1954
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown,
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 633 W. Washington St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 633 W. Washington St.

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) Robertus (Last) S. Wope
4. DATE OF DEATH (Month) August (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Feb. 24, 1881
9. AGE last birthday 71 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Boiler Maker
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Frederick, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Warner Swope
14. MOTHER'S MAIDEN NAME Catherine Sponseller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Mrs. Daisy G. Jackson, 633 W. Washington St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease (?)

197X Antecedent cause(s) (b) Carcinoma Left Ear — about 2 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) ✓ -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ 0
HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Aug 4, 1952, to Aug 16, 1952, that I last saw the deceased alive on Aug 16, 1952, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE Victor D Miller MD. (Degree or title) DR. VICTOR D. MILLER, 631 W. WASHINGTON ST. HAGERSTOWN, MD. ADDRESS DR. VICTOR D. MILLER, 631 W. WASHINGTON ST. HAGERSTOWN, MD. DATE SIGNED 8/16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Aug. 19, 1952
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.
LOCATION (City, town, or county) (State) Frederick, Md.

DATE REC'D BY LOCAL REG. 8/18/52
REGISTRAR'S SIGNATURE Dr. Hedrick Dep'y
24. FUNERAL DIRECTOR Willis L. Amoreau
ADDRESS 4510 Liberty Heights Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AM 8-51

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Hagerstown
LENGTH OF STAY (in this place): 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 299 Summit Avenue

3. NAME OF DECEASED: (Type or Print) (First) Nora (Middle) Lettie (Last) Sypolt

4. DATE OF DEATH: (Month) Aug. (Day) 17 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 6-21-1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months 1 Days 26 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rowelsburg, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Barney Ayersman

14. MOTHER'S MAIDEN NAME: Mary Carrico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-3-9541

17. INFORMANT & ADDRESS: Mrs. Helen I. Glesner, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Occlusion	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Generalized Arteriosclerosis.	years
	DUE TO (c)		

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Fracture — left Hip. — 4 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 27, 19 52 to Aug 17, 19 52, that I last saw the deceased alive on Aug 16, 19 52, and that death occurred at 9:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 8-20-1952 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Aug. 20, 1952 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
AUG 22 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; LENGTH OF STAY (in this place) 2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 58 W. Antietam

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wash.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown; STREET ADDRESS (If rural, give location) 58 W. Antietam

3. NAME OF DECEASED (Type or Print): (First) Harold (Middle) Justus (Last) Watkins

4. DATE OF DEATH: (Month) August (Day) 30 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-18-1896

9. AGE last birthday: 55 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner

10b. KIND OF BUSINESS OR INDUSTRY: Restuarant

11. BIRTHPLACE (State or foreign country): Tiogo Co. Penn.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward E. Watkins

14. MOTHER'S MAIDEN NAME: Lizzie Monroe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 108-05-1242

17. INFORMANT AND ADDRESS: Mrs. Marian Watkins Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute alcoholic narcosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE [signature] (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO. MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 8/30/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Sept. 3, 1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Troy Penn.

DATE REC'D BY LOCAL REG. Aug. 30, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS Hag. Md.

SEP 2
BUREAU V. S.

08906

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 329 S. Mont Valla Ave.,

3. NAME OF DECEASED (Type or Print): (First) Thurman (Middle) Thomas (Last) West
4. DATE OF DEATH: (Month) 8 (Day) 3 (Year) 52 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	Mar. 20, 1919	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: Colonial Hardwood
11. BIRTHPLACE (State or foreign country): Lexington, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Andrew Thomas West
14. MOTHER'S MAIDEN NAME: Cora (Vanness) West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 228-09-2014
17. INFORMANT AND ADDRESS: Mrs. Edw. Hillyard Stevens City, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arterio sclerotic coronary heart dis ase
(c) acute coron ary o clus ion

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (fell dead in front farm)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) None m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. Hagerstown Md, 8.4.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 8-5-52 | NAME OF CEMETERY OR CREMATORY Belleview Cemetery | LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. 8.4.1952 | REGISTRAR'S SIGNATURE Grace Howard

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15a

AUG 6

Item 9 FilmG145 8/12/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (in this place) 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 191 Berkson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland; STREET ADDRESS (If rural, give location) 191 Berkson Ave.

3. NAME OF DECEASED (Type or Print): (First) Fannie; (Middle) Vivian; (Last) White

4. DATE OF DEATH: (Month) 8; (Day) 3; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 11-11-1883

9. AGE last birthday: 69 yrs. yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: private family

11. BIRTHPLACE (State or foreign country): Chestnut Grove Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Francis

14. MOTHER'S MAIDEN NAME: Barbara Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Nellie Francis 191 Berkson Ave Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Primary Carcinoma of Bladder

181X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: Uncertain.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —; (CITY OR TOWN): —; (COUNTY): —; (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb 25, 1952, to Aug 3, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.

ADDRESS: 148 W. Washington St. Hagerstown Md

DATE SIGNED: Aug 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 8-6-1952

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown Maryland

DATE REC'D BY LOCAL REG.: Aug. 5, 1952

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: [illegible] Walsh Hagerstown Md.

ADDRESS

RECEIVED
AUG 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 5 Winter St

3. NAME OF DECEASED (Type or Print): (First) Lewellyn (Middle) Whittington (Last)

4. DATE OF DEATH: (Month) Aug (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 30-1882

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith

10b. KIND OF BUSINESS OR INDUSTRY: W.M.R.R.

11. BIRTHPLACE (State or foreign country): Hume, Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Whittington

14. MOTHER'S MAIDEN NAME: Helen Payne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-6620

17. INFORMANT AND ADDRESS: Henry G. Whittington 5 Winter St. Hagerstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic myocarditis — 6 mos.

4-2-2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1952 to 8-13-, 1952 that I last saw the deceased alive on 8-13-, 1952, and that death occurred at 7:40 P. m., from the causes and on the date stated above.

SIGNATURE L. A. Bell (Degree or title) M.D. ADDRESS Hagerstown, Md. DATE SIGNED 8-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 8/16/52 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG. Aug 15 1952 — REGISTRAR'S SIGNATURE Ernest Howard

24. FUNERAL DIRECTOR — ADDRESS: Rest Haven Funeral Chapel, Inc Hagerstown Md.

RECEIVED
AUG 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 10 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1301 VIRGINIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL GREENCASTLE
STREET ADDRESS RT#5 (If rural, give location) CHAMBERSBURG

3. NAME OF DECEASED (Type or Print) (First) CARRIE (Middle) CATHERINE (Last) WILSON
4. DATE OF DEATH (Month) AUG. (Day) 15 (Year) 1952
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH 10/28/1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME JOHN STICKELL
14. MOTHER'S MAIDEN NAME REBECCA PIKE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT AND ADDRESS MRS. FRANK CARBAUGH HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive and Arteriosclerotic Heart disease + Nephrosclerosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 8th, 1952, to Aug 15th, 1952, that I last saw the deceased alive on Aug 15th 1952, and that death occurred at 6 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md. DATE SIGNED 15 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8/18/52
NAME OF CEMETERY OR CREMATORY Rest Haven Cem.
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REG. Aug. 15, 1952
REGISTRAR'S SIGNATURE [signature] Bowers
24. FUNERAL DIRECTOR W. T. Norment ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

AUG 18

08910

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr. Wilson
Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 6 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 70 West Franklin St.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) JACOB (Last) WOLFE
4. DATE OF DEATH: (Month) Aug (Day) 9 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 14 1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer—
10b. KIND OF BUSINESS OR INDUSTRY: General work
11. BIRTHPLACE (State or foreign country): Chewsville Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Wolfe
14. MOTHER'S MAIDEN NAME: Rosie Betts

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-69-8542
17. INFORMANT & ADDRESS: Joseph L. Wolfe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Uremia — Interval Between Onset And Death: 6 wks.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis — Years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Starvation

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July, 1952, to ....., 1952, that I last saw the deceased alive on 8 Aug, 1952, and that death occurred at 3:30 AM, 9 Aug 52, from the causes and on the date stated above.

SIGNATURE D. Wilson (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED 8/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 8-11-52
NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery
LOCATION (City, town, or county) Smithsburg (State) Md.

DATE REC'D BY LOCAL REGISTRAR Aug 9. 1952
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 12 1952
BUREAU V. S.

08911

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock 2. | LENGTH OF STAY (In this place) Accident.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Franklin.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fourt Louden Peters Township.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	Chester	Zeis.	8	10.52.	19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male.	White.	Single.	9.10.1933.	17. 18 yrs.	8.			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Labor Concruction Work.		Fourt Louden Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Albert Zeis.	Mabel V Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	No.	210-26-6708	Albert Zeis, Fourt Louden Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Open Fracture Skull	5 min
823.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractures both Femurs	
	(c) Hemorrhage + Shock	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
EDP	4540	3 mi. E. Hancock	Wash.	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
8	10	52	9:30 a.m.		Passenger in auto struck tree

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE. DEPUTY OR MEDICAL EXAM.	ADDRESS	DATE SIGNED
L. Robert Mellott MD, WASH. CO., MD.	Hagerstown Md	8/11/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial.	8.14.52.	Stinger Hill.	Fourt Louden Penna.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/15/52	J. A. Heller	Howard J. Hose	Hancock

VS. A15A

RECEIVED
SEP 9 1952
BUREAU V. S.